

ROCHESTER POLICE DEPARTMENT VOLUNTEER / STUDENT INTERN APPLICATION, RPD 1323

POSITION APPLYING FOR:

☐ VOLUNTEER	☐ STUDENT INTERNSHIP			
Administrative Animal Control CVRT (Community Vo PAC-TAC (Police and Other	_			
NAME:first	mi	last		maiden
DOB: // SOC SEC	#	Male	Fem	nale
CURRENT ADDRESS: PERMANENT ADDRESS:	street	city	state zip code	how long at this address
PREVIOUS ADDRESSES (L	street	city	state zip code	how long at this address
PHONE# E-MAIL ADDRESS: IN CASE OF EMERGENCY		or CELL PHONE #		
Name		Relationship		phone #
Type of Transportation You V	Vill Use:			
Have you ever been convicted	l of a Crime?	es 🗌 No If yes	s, please explain:	
Continue on back if necessary				
EDUCATION BACKGROUN School Attended(ing): Major:	Minor:	Date Diploma	received or expecte	d:
(if applicable)	(if applie		-	
MILITARY SERVICE:	Rank:	Time Served	Discharge	ad

EMPLOYMENT HISTORY: Employer: _____ Occupation: _____ How Long: ____ Business Address: _____ _____Phone #: ____ Previous Employment: (Please include firm name, address, supervisor, dates) VOLUNTEER BACKGROUND: Previous Volunteer Services (include organizations, neighborhood organizations and dates) **SKILLS:** Indicate clerical, computer (be specific), working with youth, communication-verbal, written, etc. BRIEFLY state why you would like to volunteer/intern with the Rochester Police Department and what you hope to gain from the experience. REFERENCES: Name Address Phone # Relationship 3. SPECIAL LIMITATIONS AND CONDITIONS: AVAILABILITY: (list time of day) Thursday _____ Monday _____ Friday Saturday Wednesday _____ Sunday

I certify that the above information is correct to the best of my knowledge.

I understand that a criminal background check will be performed on all student interns and volunteers.

I understand that I may be terminated if the department becomes aware of criminal history while I am inteming/volunteering.

I understand the commitment involved and acknowledge that my services are offered at my own risk.

I agree to adhere to the Volunteer/Student Intern policies and carry out my duties as a volunteer/student intern effectively.

I understand that my participation in this program does not make me an employee of the City of Rochester and I release the City of Rochester, its officers, agents and employees from any and all liability for any claims of injury or damage of any kind whatsoever, as a result of my participation as a volunteer/student intern.

I understand that I am not entitled to any benefits of employment including workmen's compensation.

I will maintain confidentiality of police information

I will not represent myself as an employee of the Rochester Police Department

Signed:	Date:				
And (If under 16) 1 understand the about the Rochester Police Department	ove terms and give permission for my child to volunteer				
Parent Signature:	Date:				
The Rochester Police Department recommends that Animal Control Services volunteers be current on their Tetanus Vaccination.					
Return to: Anne Powless, Volunteer Rochester Police Departn 185 Exchange Blvd. Rochester, NY 14614	nent				
	For office use only				
Record check By:					
Date of Training or Orientation:					
ASSIGNED TO:					
Section/Unit:	Supervisor:				
Starting Date:	tarting Date: Ending Date:				
Days:Time: _					